

AMENDED IN ASSEMBLY APRIL 6, 2005

CALIFORNIA LEGISLATURE—2005–06 REGULAR SESSION

ASSEMBLY BILL

No. 1085

Introduced by Assembly Member Ruskin

February 22, 2005

An act to amend ~~Section 12699.53~~ *Sections 12699.53 and 12699.62* of the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 1085, as amended, Ruskin. County Health Initiative Matching Fund.

Existing law, the County Health Initiative Matching Fund, establishes a fund that is administered by the Managed Risk Medical Insurance Board in collaboration with the State Department of Health Services. Under existing law, a county, a county agency, a local initiative, or a county organized health system, may apply to the board to provide health care coverage to eligible persons, including children whose family income is at or below 300% of the federal poverty level *and adults whose family income does not exceed 200% of the federal poverty level*. Existing law ~~continuously appropriates the revenue in the fund to the board~~ *specifies that funding for adults is after funding for children*.

This bill would change the income eligibility criteria for children; ~~including and would include~~ those with a family income level at or below ~~the maximum allowed by the federal Department of Health and Human Services~~ *400% of the federal poverty level*.

The bill would specify that the funding for children made eligible by this change would be provided to the extent not required by eligible adults and by eligible children having a family income at or below 300% of the federal poverty level.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 12699.53 of the Insurance Code is
2 amended to read:
3 12699.53. (a) An applicant that will provide an
4 intergovernmental transfer may submit a proposal to the board
5 for funding for the purpose of providing comprehensive health
6 insurance coverage to any child or adult who meets citizenship
7 and immigration status requirements that are applicable to
8 persons participating in the program established by Title XXI of
9 the Social Security Act, and in case of a child, whose family
10 ~~income is at or below the maximum percentage of the federal~~
11 ~~poverty level allowed by the federal Department of Health and~~
12 ~~Human Services under the program established by Title XXI of~~
13 ~~the Social Security Act, or in case of an adult, whose income is at~~
14 ~~or below 400 percent of the federal poverty level or in the case of~~
15 ~~an adult, whose family income does not exceed 200 percent of~~
16 the federal poverty level, in specific geographic areas, as
17 published quarterly in the Federal Register by the Department of
18 Health and Human Services, and which child or adult does not
19 qualify for either the Healthy Families Program (Part 6.2
20 (commencing with Section 12693) or Medi-Cal with no share of
21 cost pursuant to the Medi-Cal Act (Chapter 7 (commencing with
22 Section 14000) of Part 3 of Division 9 of the Welfare and
23 Institutions Code).
24 (b) The proposal shall guarantee at least one year of
25 intergovernmental transfer funding by the applicant at a level that
26 ensures compliance with the requirements of an approved federal
27 waiver and shall, on an annual basis, either commit to fully
28 funding the necessary intergovernmental amount to meet the
29 conditions of the waiver or withdraw from the program. The
30 board may identify specific geographical areas that, in
31 comparison to the national level, have a higher cost of living or
32 housing or a greater need for additional health services, using
33 data obtained from the most recent federal census, the federal
34 Consumer Expenditure Survey, or from other sources. The

1 proposal may include an administrative mechanism for outreach
2 and eligibility.

3 (c) The applicant may include in its proposal reimbursement
4 of medical, dental, vision, or mental health services delivered to
5 children who are eligible under the State Children's Health
6 Insurance Program (Subchapter 21 (commencing with Section
7 1397aa) of Chapter 7 of Title 42 of the United States Code), if
8 these services are part of an overall program with the measurable
9 goal of enrolling served children in the Healthy Families
10 Program.

11 (d) If a child is determined to be eligible for benefits for the
12 treatment of an eligible medical condition under the California
13 Children's Services Program pursuant to Article 5 (commencing
14 with Section 123800) of Chapter 3 of Part 2 of Division 106 of
15 the Health and Safety Code, the health, dental, or vision plan
16 providing services to the child pursuant to this part shall not be
17 responsible for the provision of, or payment for, those authorized
18 services for that child. The proposal from an applicant shall
19 contain provisions to ensure that a child whom the health, dental,
20 or vision plan reasonably believes would be eligible for services
21 under the California Children's Services Program is referred to
22 that program. The California Children's Services Program shall
23 provide case management and authorization of services if the
24 child is found to be eligible for the California Children's Services
25 Program. Diagnosis and treatment services that are authorized by
26 the California Children's Services Program shall be performed
27 by paneled providers for that program and approved special care
28 centers of that program and approved by the California
29 Children's Services Program. All other services provided under
30 the proposal from the applicant shall be made available pursuant
31 to this part to a child who is eligible for services under the
32 California Children's Services Program.

33 (e) An applicant may submit a proposal for reimbursement of
34 medical, dental, or vision services delivered to adults as specified
35 in subdivision (a).

36 (f) (1) If a proposal from an applicant for coverage of an adult
37 includes state funds or funds derived from county sources, the
38 applicant shall, to the extent feasible, include participation by
39 health care service plans licensed by the Department of Managed
40 Health Care or health insurers regulated by the Department of

1 Insurance that contract with the board to provide services to
2 Healthy Families Program subscribers in the geographic area.

3 (2) This subdivision shall not apply if the population to be
4 served by the applicant's proposal is less than 1,000 persons.

5 *SEC. 2. Section 12699.62 of the Insurance Code is amended*
6 *to read:*

7 12699.62. (a) The provisions of this part shall be
8 implemented only if all of the following conditions are met:

9 (1) Federal financial participation is available for this purpose.

10 (2) Federal participation is approved.

11 (3) The Managed Risk Medical Insurance Board determines
12 that federal State Children's Health Insurance Program
13 (Subchapter 21 (commencing with Section 1397aa) of Chapter 7
14 of Title 42 of the United States Code) funds remain available
15 after providing funds for all current enrollees and eligible
16 children and parents that are likely to enroll in the Healthy
17 Families Program and, to the extent funded through the federal
18 State Children's Health Insurance Program, the Access for
19 Infants and Mothers Program and Medi-Cal program, as
20 determined by a Department of Finance estimate. In each fiscal
21 year, funds for adults shall only be provided to the extent that the
22 funds are not needed for the children's expansion portion of the
23 ~~County Health Initiative Matching Fund.~~ *shall be provided first*
24 *for children whose family income is at or below 300 percent of*
25 *the federal poverty level. Any remaining funds shall be provided*
26 *for adults whose family income does not exceed 200 percent of*
27 *the federal poverty level, and any funds remaining after that*
28 *provision shall be provided for children whose family income is*
29 *between 301 percent and 400 percent, inclusive, of the federal*
30 *poverty level.*

31 (4) Funds are appropriated specifically for this purpose.

32 (b) The State Department of Health Services and the Managed
33 Risk Medical Insurance Board may accept funding necessary for
34 the preparation of the federal waiver applications or state plan
35 amendments described in Section 12699.61 from a not-for-profit
36 group or foundation.